



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 04/28/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5 Nerve Root Block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- L5 Nerve Root Block - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained an apparent work injury on xx while setting up an exhibit, injuring his low back. He received conservative care, including injections, and diagnostic testing. Lumbar spinal reconstruction surgery was ultimately performed on 04/28/14. The claimant continued to have pain and continued to treat. He was placed at MMI on 03/04/15 with a 5% whole person impairment with an RME. Most recent office visit dated 03/18/15, notes pain is worse, reported to be 7-8/10, with numbness in the bilateral lower extremities. He is noted to be obese with an BMI of 34.5, and ambulates with a cane. MRI is noted to be consistent with central stenosis at L5/S1 with bilateral moderate neuroforaminal stenosis. Current medications include Lexapro,

Hydrocodone/Acetaminophen, Tramadol, and Flexeril. Due to continued symptoms, the treating physician is recommending a bilateral L5 nerve root injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant's physical examination findings from on 03/04/15 and by on 03/18/15, have significant conflict as did not note focal neurological findings indicative of a radiculopathy, whereas reported significant examination findings with that of a reduced Achilles reflex on the left and weakness bilaterally with the extensor hallucis longus and hip abductors, and slightly decreased sensation in the left greater than the right lower extremity. With such a significant difference in the physical examination findings within the same month and with the current imaging findings on the 10/24/14 MRI, which notes no sign of neural impingement, at this time, the request is not medically necessary within ODG guidelines that indicate there should be a radiculopathy documented on physical examination correlating with imaging findings and, as such, the records provided did not document findings supporting the L5 nerve root block.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**